

CHARLES D. BAKER GOVERNOR

KARYN E. POLITO LIEUTENANT GOVERNOR

JAY ASH SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts Division of Professional Licensure

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JOHN C. CHAPMAN UNDERSECRETARY OF CONSUMER AFFAIRS AND BUSINESS REGULATION

CHARLES BORSTEL DIRECTOR, DIVISION OF PROFESSIONAL LICENSURE

DIVISION OF PROFESSIONAL LICENSURE MILITARY SPOUSE AFFIDAVIT

Printed Name: Please provide the name of the board of regapplying.	gistration and license type for which you are			
Printed Name:	-			
Signature:	Date:			
of Professional Licensure with additional do	ocuments in support of my application.			
and a copy of my spouse's transfer orders. I understand that I may need to provide the Division				
Commonwealth of Massachusetts. Attached	Commonwealth of Massachusetts. Attached hereto are a copy of my military identification card			
Commonwealth of Massachusetts; (2) that my certification or license is current and in good standing; (3) that no disciplinary action has been taken, or to my knowledge is pending, against my certification or license; (4) that my spouse is a member of the armed forces of the United States; (5) that my spouse is the subject of a military transfer to the Commonwealth of Massachusetts; and (6) that I left employment in another state to accompany my spouse to the				
		Commonwealth of Massachusetts; (2) that r	perjury: (1) that I am a licensed professional certified or licensed in a state other than the	
			l certified or licensed in a state other than the	



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